

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

John E. Mercer

Serial No: 09/898,989

Filed: July 3, 2001

For: BORING TOOL CONTROL USING REMOTE LOCATOR

Examiner: Sunil Singh

Art Unit: 3673

Attorney Docket: DCI-P015C2

Date November 21, 2003

CERTIFICATE OF FAXING I hereby certify that this correspondence is being faxed to: Commissioner of Patents, Art Group 3673, fax number 703-872-9327 on November 21, 2003.

Signed:

Jay R Beyer

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

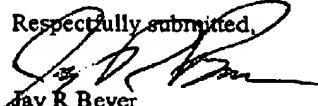
Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
No additional fee is required.
 Postcard included

The fee has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | NON-SMALL ENTITY |
|--|----------|----------|----------|--------------------------|--------------------------|
| Total Claims | *68 | Minus | **68 | 0 | |
| Indep. Claims | *42 | Minus | ***42 | 0 | |
| First Presentation of Multiple Dependent Claim(s) | | | | | |
| | | | | Rate Additional Fee | Rate Additional Fee |
| | | | | x 9 \$ 0 | x 18 \$ |
| | | | | x 43 \$ 0 | x 86 \$ |
| | | | | +145 \$ | +290 \$ |
| | | | | Total \$ 0 | Total \$ |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ _____ is attached for presentation of additional claim(s).
 Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).
 A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
 Please charge my Deposit Account No. 19-1685 (Order No. DCI-15C2) the amount of \$ _____.
 A duplicate copy of this sheet is enclosed.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. DCI-15C2) (a duplicate copy of this sheet is enclosed):
 Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
 Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,

 Jay R Beyer
 Registration No. 39,907

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To Examiner Sunil Singh
USPTO

From Jay Beyer
Boulder Patent Services

Number of Pages (including cover) 30

Date Sent November 21, 2003

Fax #: 703-872-9327

Message

**Amendment After Final
Serial # 09/898,989**

Urgent: Please deliver to Examiner Sunil Singh Immediately

Examiner Fuller,

Please enter the following Amendment After Final into patent application serial number 09/898,989.

If you have any questions, please let me know.

Sincerely,

Jay Beyer